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ILLNESS, HEALTH AND HEALING:
" AN INTEGRATIVE MODEL

A Dissertation
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of the Requirements for the Degree
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TABLE OF CONTENTS

CHAPTER	PAGE
INTRODUCTION.	1
I. THE PROBLEM.	6
II. MODELS OF EXPERIENCE	18
III. THE SELF AS AUTONOMOUS EXISTENCE	29
IV. CHANGE IN THE UNCHANGING	42
V. THE SOURCE OF TRANSCENDENCE.	48
VI. ILLNESS AND HEALTH	60
VII. HEALING AND SALVATION--CHANGED BY GOD.	70
VIII. CONCLUDING STATEMENT AND FUTURE CHALLENGE.	82
BIBLIOGRAPHY.	90

INTRODUCTION

One of the major concerns of men throughout history has been to discover ways to maintain their physical bodies free from disease. The member of the group who could demonstrate, or often merely claim to, cure illness was accorded a special place of honor. The medicine man of every culture, including the contemporary patent medicine pitchman, made claims to powers which dazzle the imagination. But still illness and disease flourish.

Today we know that healing is not an art, practiced by dancers or talkers, but is a science, rigorously structured in theory, proven statistically, and applied impersonally. In the last generation several infectious diseases have been wiped out in the United States, and surgery has advanced with incredible successes in transplantation and micro-surgery. But still the utopia of a disease-less world, even in this country, seems hardly closer today than it did several decades ago.

Especially in the area of mental illness the increase in incidence has been apparent. Part of the increase has been due to the rising interest and knowledge in the field, but social researchers agree that American society today creates great stresses in many personalities, stresses which frequently lead to mental or emotional disturbance. Here too medical science has made such tremen-

dous strides in treatment that elimination of the problem is a tempting goal. But treatment comes after the fact of illness, and mental illness is not becoming less frequent.

All of this 'Yes, but. . .' is not to downgrade medical science, for the men who have devoted their lives and talent to the search for efficiency and effectiveness in that field have prolonged innumerable lives, including, it should be noted, the author's. But the fact that despite the advances they now have more work instead of less raises basic questions about illness, its origins, its nature, and its place in the economy of life.

In addition to the statistical questions above, there have been personal experiences which raised the theological question of God's relationship to illness and healing. The general issue growing out of the two separate periods of extreme danger, and the (medically) unexpected recovery, is "What concept of God and man encompasses such interaction?" and the particular question is "How can it be formulated in order to be accessible to laymen, ministers, and doctors?" If these two questions can be answered, vast new opportunities for prevention and more effective therapy would be opened up. The promises implicit in the New Testament accounts of healing would be much nearer realization.

The motive for this dissertation, then, comes directly out of personal experience, as does the motive for a Christian ministry. The experience focused sharply on two

periods of extended hospitalization, and more diffusely on the eight years between. The detailed documentation is of little importance because it is the personal perception of events which was (and is) decisive. That perception is that prayer on the part of family and friends released otherwise unavailable resources which preserved life, reversed 'irreversible' symptoms, and established new purpose and direction. The seminary curriculum has not been rich in dealing with the subject of prayer and man's experience of God, but seeds were planted in grappling with counseling theory. The integrative model here presented is the fruit borne of those seeds.

The genealogy of such an effort as this extends back over most of life, but there are special individuals who have had a significant role in the formulation of the ideas presented here. To them I owe a far larger debt than words in any context can convey.

First from the field of medicine is Dr. Sherman Mellankoff, now Dean of the U.C.L.A. School of Medicine. It is from having known Dr. Mellankoff that I derive my existential meaning of 'healing.' His entry into my sickroom brought with it an acceptance of me as a person which is still therapeutic. The affirmation was not because I was ill--an object of study--but in spite of the illness. He is the gentlest of men, and in my hour of need the wisest of men; a man of science who did not let that separate him

from God; a man of whom I cannot say enough.

The person of prayer who demonstrated the meaning of faith is Chaplain Bertrand Hause of Good Samaritan Hospital in Los Angeles. To be 'held in God's love' is no empty phrase when used by Chaplain Hause. Warm, affectionate, perceptive, supportive, and filled with faith in the power and goodness of God, only begins to hint at the crucial role he played during long months of counseling and prayer. Whenever my ministry takes me to one who is ill, it is Chaplain Hause who is my model.

These two influences in my life have brought to the theoretical studies of seminary an important experiential perspective. The synthesis of the two has been accomplished and enriched because of the teaching of Dr. Frank Kimper of the faculty. It is from Dr. Kimper that the unifying themes have come which tie together and give meaning to the polarities of experience and theory. As with Dr. Mallenkoff and Chaplain Hause, the professional skill, while important, is second to Dr. Kimper the person, who exhibits in life the concepts of honesty, integrity, and affirmation which he teaches in the classroom. Teacher, counselor, and friend has been his role during the seminary years.

Dr. Eric Titus, as a member of my dissertation committee, has helped bring order out of random thoughts; as teacher he opened new meaning, and contemporary relevance

in the New Testament; as a friend he has bestowed encouragement and support, always with humor.

Most important among the significant others in my life is my wife, Beth. She, too, has passed through all of the crises implied above. To say all that ought to be said is impossible; to say what I feel is too intimate; to say what is conventional is too trite. All that I can publicly say is, "Thank you."

CHAPTER I

THE PROBLEM

If a representative group of people were asked to evaluate the statement:

. . . all healing is of God, whether this be manifested through scientific medicine in promoting tissue repair, the use of potent drugs and the effects of mental influence, or through the manifestation of non-scientific cures through a faith which is the response of the whole person to the power of God.¹

a majority would undoubtedly affirm its truth, perhaps with some reservation on the last phrase. But it is equally probable that none could say exactly what it means to affirm that 'all healing is of God.' Even within the professions of theology and medicine the problem of how God acts in nature, and specifically in human life, is not under investigation. From the standpoint of science it is enough to detail the dynamics of tissue repair, or rejection, or some other healing process. On the theological side the analyses tend to be directed only at other theologians, and contribute little to the interdisciplinary attack on illness. It is the purpose of this dissertation to advance the synthesis of theology and science in understanding illness, health, healing, and salvation. The goal is to develop a model of reality which will bridge the gap

¹James C. McGilvray, "The Healing Ministry in the Mission of the Church," Study Encounter, 11:3 (1966), 122.

between the theories of the dynamics of human existence and the concepts of God. There are a multitude of proposed solutions on each side of the problem, but between them is a gulf of both language and ideas.

On the side of science there is the trend toward an ever more deterministic view of life. Cause and effect are the basis of research, where the search is for the specific cause of every illness. If the microorganism or chemical imbalance can be identified, then that particular disease can be eliminated. The result is to treat patients more and more like things to which something ungood has happened accidentally, and less and less like persons who are in need of care. In the words of an official of the World Council of Churches:

Let me . . . put it in the crudest possible terms just to raise the issues. The impression is increasingly created that healing is a technical process analogous to what you expect a garage-man to do to your car. You leave the car in the garage and you say, "Can you fix it by Thursday?" You leave your patient in the hospital and you say to the doctor, "Can you fix him?" The growing complexity of specialised (sic.) techniques which are involved in modern medicine make the non-medical person feel more and more that this is a highly technical process in which the ordinary person can have very little sense of responsibility.²

Nor is it always put in crude terms by non-medical men. Commenting on the possible effects of increased

²Lesslie Newbigin, "The Healing Ministry in the Mission of the Church," in World Council of Churches, The Healing Church (Geneva:1965), 11.

government involvement, one doctor told his fellow physicians:

The experience that the physician has respect only for a component part of his bodily machine, and not for him would surely confirm in the patient's mind that he stands in the same relation to his physician as to his employer who also has respect for one of his physical attributes but not for him. The point I wish to make is that for medicine also the individual's individuality or personality has little worthwhileness even as an object of interest, let alone as an object of respect and crucial concern. Medicine is contributing to, rather than counteracting, a growing tendency to regard human individuality and personality as superfluous, obsolete and expendable. Medicine, thus, is not fulfilling its purpose. On the contrary, it is contributing to the undoing of its own efforts to the extent that it participates in demoralizing its patients and undermining their will to live.³

In the first of these Bishop Newbigin touches on the problems caused by the increasing specialization of doctors. Whatever the beneficial effects of the greater depths of knowledge, there is no doubt that the person subjected to the complicated testing procedures is dehumanized. Even a single personal experience of the long wait for a diagnostic X-ray examination; the non-involved, asexual objectivity of the technicians as they routinely at best, and harshly at worse, issue orders or otherwise prepare the patient; and the detached efficiency of the complete stranger who appears in protective clothing to preside at

³J. Sanbourne Brockoven, "Aspects of Geriatric Care and Treatment: Moral, Amoral, and Immoral," in New Thoughts on Old Age, Robert Kastenbaum, editor (New York:Springer, 1964), 220ff.

the ritual which is strange, irrational, and perhaps painful, is absolute proof that medical science may well have lost its human touch.

If such dehumanizing procedures provide the information needed to relieve pain, they can be justified, but even when the results are spectacular, one wonders if even more wonderful things (in wider fields, perhaps) might not have been possible if the personhood of the patient had been more cherished. What indeed of the personhood of the doctor and technicians?

There is a second problem arising out of specialization. In the course of treatment for a complex condition a patient may be seen by a corps of doctors, but known by none. In illness as in few other times of life the sense of loneliness is extreme, and in the past the doctor was often the one other person who, knowing so much what the patient was enduring, was able to give significant support. At present one of the purposes of specialization is to enable the doctor to focus on only one sub-system, eliminating other problems from consideration, and hence not to know the total person is a virtue.

To the theologian such fragmentation of the whole person is an affront, but his attempts to counteract the trend are brushed aside because it is the results which count. On the basis of results with each system, medical science is a resounding success.

In the second quotation above, the author points out an even deeper problem implicit in the modern scientism of medicine. If, runs his thought, the doctor is dedicated to the maintaining of life, is not the depersonalization in practice today which demoralizes and undermines the will to live, a contradiction? Has the profession begun to move away from its original purpose of serving mankind to focusing its attention on procedures? Have the means of healing become in themselves an end? Some of the methods of doctors and hospitals would suggest an affirmative answer.

At the risk of over illustrating the point of depersonalization, there are several other very recent developments which sacrifice personhood in the name of efficiency. The very fact of hospitalization is an anxiety producing experience. Just at the time when the person who is ill needs the support of his family he is removed from their midst, compelled to give up most of his independence, and thrust into a way of life which is more public than private. Viewed in terms of freedom, dignity, personal worth, and community it is an extremely negative experience. That it is necessary to commit the patient to the hospital in many instances is beyond question, but there are basic questions to be asked about commitment as a convenience for the doctor, procedures based on 'rules' regardless of the patient's situation, and staff attitudes which fail to

affirm the worth of the patient.

The Intensive Care Unit is one of the new concepts which is hailed by the medical profession as a major breakthrough in patient care during periods of extreme crisis. Again, viewed from the perspective of the staff, ICU is invaluable, but from the patient's perspective the problems connected with general hospital care are 'intensified' in ICU. Almost completely isolated from family, personal privacy suspended to permit observation, and treatment so continuous it becomes mechanical, the comatose patient is the fortunate one. Awareness of the situation must result either in surrender of one's personhood or rebellion.

A serious long term problem is the dehumanizing effects of the attempts to redefine both the beginning and ending of life, in connection with abortion and organ transplants. The main burden in these determinations is being assumed by the legal and medical professions, and the first proposals reflect the determinism of medical science, which has set for itself the elimination of all physical suffering, using whatever power is necessary. But the problem of suffering is one with which theologians have struggled for centuries. And the answer to the problem has not been found in elimination. This tension between medical science and Christianity has been summed up:

Judging by results alone, one might assume that the anthropological basis for modern medical practice is that of scientific determinism. In this philosophy

every problem which troubles man can be objectified, measured, and thus conquered in principle by science and technology, but in the process, man becomes utterly depersonalized. The basic problem with modern medicine is the fact that it has no doctrine of salvation except by the total removal of evil. Thus pain, suffering and anxiety-which in Christian belief hold a paradoxical position, in that while being totally opposed to God's will, they are yet the very means of its ultimate triumph-are in orthodox medical philosophy the very things which must be eradicated by power.⁴

Such then is the gulf between theology and medicine. Thus far only the position of medicine has been dealt with in detail, and we have seen that medical science has entered a deterministic spiral. It is in danger of losing sight of its primary goal of healing persons, as it pursues the more observable goal of maintaining bodies free from infirmities. Illness in such a view is frequently assumed to affect only part of a person, and to be treated that way. The causal model of illness also tends to make insignificant how the rest of the person is treated, as long as the element causing the illness is attacked head on. The result of these attitudes can be summed up in the word 'depersonalization.' From the vantage point of Christian theology, depersonalization is vigorously condemned, and thus much contemporary medical procedure is criticized.

The church and individual theologians, however, must bear considerable responsibility both for the present thrust of medicine, and for the gulf which exists between the two

⁴McGilvray, op. cit., 124.

disciplines. In the same article quoted above the author points out that in the period when medicine was beginning to establish its methods and philosophy, the church (Roman Catholic) insisted on the truth of a pre-Darwinian cosmology. The medical researchers could not be tied to such a view of reality, and "came to feel that good medicine was medicine without philosophical presuppositions."⁵ The result as we have seen is that the doctor sees his goal as the absolute elimination of evil, which to him is illness. The evil of which the theologian speaks is of a very different species, and since there is no demonstrated connection between the evil of concern to the theologian and the evil of concern to the physician, "the two disciplines of medicine and theology have taken widely divergent roads and use different vocabularies."⁶

There is a second, and perhaps more stifling (to dialogue) responsibility which must be borne by theologians, and that is that they have failed to develop a model of human existence which has a place for divine action as an integral part of life. This dilemma is referred to by McGilvray when he speaks of

. . . awkward dialogues between clergy and physicians which . . . are usually concerned with ethical problems such as abortion and the prolonging of life beyond its normal span. Rarely, if ever, do they go beyond these

⁵Ibid.

⁶Ibid.

peripheral topics to the basic question concerning the nature of the man we seek to heal.⁷

The problem is not that theology has nothing to say on the nature of man, but the categories it uses are so different from those of natural science and medicine, there is no common ground upon which to begin dialogue. Theology deals with things of the spirit, which has little or no meaning to a doctor, and theological statements tend to be non-specific. For example:

Where God is at work with His salvation, His miracles occur, for He intervenes in the concrete reality of history and of physical life. His miracles are happening today just as they did in the past, although as long as we live on earth they can be perceived only by faith--for the "footprints" of these miracles remain unseen.⁸

Small wonder that such statements do not encourage dialogue.

Other responses of the church in the face of illness are equally as passive. On a recent television documentary on the problems of senior citizens, one 83 year old woman recounted the advice given her in the weeks following a fall which resulted in a broken hip. Of the friend (not a minister) who gave the advice she said:

When I first broke my hip she said I should have hope. When it became clear that there was very little improvement she said I should learn patience. And when

⁷Ibid., 125.

⁸Ferdinand Hahn, "Healing and Salvation," Study Encounter, II:3 (1966), 136.

it became obvious that I would spend my days in bed, she said I should learn to endure. I have tried hope, I had patience, and now I am enduring. I don't know what she will come up with next.⁹

Too often theology can do no better, except to add that of course "God loves you." There is little potential for dialogue between the doctor on the case and this.

Even in cases where healing is said to have taken place as the result of prayer or some other religious act, there is no explanation of the 'how,' even in theory. I do not mean that there should be the kind of step by step dynamic analysis that is possible in surgery or drug therapy, but if one is to say that God healed, and enter dialogue with physicians on the subject, then the conversation can continue only if there is more to say than "I don't know what happened, it just happened."

What is needed is some model of human existence which includes the possibility for the experience of a transcendent influence, that is the experience of God acting in life. Such a model would utilize a structure of personality, and a structure of theology which could interact through some element of commonality. In the past the solution to the problem of God has been sought in proving the existence of God, or delineating the characteristics of God. Such approaches have always encountered difficulties

⁹"Forget Us Not," television program (Los Angeles: Station KNXT, 1968).

in identifying the element in personality which responds to God.

In this study the structure of personality is taken from the work of Assagioli.¹⁰ The significant feature of the theory is the nature of the self, which functions as a center of awareness for the total organism. The theological structure is taken from the work of Cobb¹¹ and Kimper.¹² Here also there is posited a center of awareness, and the further insight that the perspective of the center of awareness on the total organism is capable of change. Cobb equates such a change with the Christian concept of conversion,¹³ and the contribution of the present synthesis is to show that such changes can be seen as God acting in life, and further that such changes in the perspective of the self on the total organism would result in dramatic changes in mental and/or physical condition.

The first essential, however, is to explore the

¹⁰Roberto Assagioli, Psychosynthesis (New York: Hobbs, Dorman, 1965).

¹¹John B. Cobb, Jr., The Structure of Christian Existence (Philadelphia: Westminster Press, 1967).

¹²Frank W. Kimper, "My Belief in God" (paper read in Pastoral Counseling Center Seminar, School of Theology at Claremont, 1968).

¹³John B. Cobb, Jr., "The Nature of the Conversion Experience," in Four Views of Conversion, report of the Twelfth Theological Consultation of the Methodist Board of Missions, 1967.

nature of experience. This is necessary since experience is that of which the self is aware, and it is through self-initiated experience that the self uses the total organism.

CHAPTER II

MODELS OF EXPERIENCE

The nature and significance of experience has been the subject of philosophical investigations since the beginning of such human endeavors. In most of the studies experience has entered the analysis not as an independent field, but as one of the components of epistemology. An answer to the question of what, (if anything) an individual can know of the world about him, (if there is such a world) required the introduction of the concept of experience as the connecting link between the outer, objective elements, and the inner, subjective elements, of reality. The epistemological question is still not settled, and it is not the purpose of this study to become involved in the debate. Here our interest is directed at understanding experience and how it interacts with personality.

From the earliest philosophical statements it has been apparent that experience is a highly individual function, even in circumstances classed as 'common experience,' and hence there have been numerous theories in which experience has been seen as totally subjective. In the subjectivism of Berkley, physical objects do not exist except when they are experienced, and then can be said to 'exist' only in the mind of the one who experiences. In such a radical analysis it is meaningless to talk about reality in

objects, since nothing exists independent of some experimenter. It is also without meaning to attempt to compare experiences, because that which is completely subjective loses its meaning apart from the context of the subject individual. The acceptance of this radical view requires the suspension of common sense, because of the obvious existence of objects and events apart from oneself.

At the other extreme would be an equally unreal theory of absolute objectivity. Absolute objectivity would propose that the process of experience would incorporate the actual object in the being of the experimenter. Since neither radical subjectivism nor absolute objectivism offers an acceptable understanding of experience, some middle ground must be sought out.

One such middle ground model of experience is that developed by Smith.¹ In a very thorough analysis of the philosophical and theological aspects of the problem he sees experience in terms of intersection and encounter.

. . . experience is an objective and critical product of the intersection between reality in all its aspects on the one hand and a self-conscious being capable of receiving that reality through significant form on the other.²

In proposing this statement of experience, Smith

¹John E. Smith, Experience and God, (New York:Oxford University Press, 1968).

²Ibid., 12.

carefully spells out the answers to a multitude of possible objections to his thesis. The goal toward which his work is directed is first to "give an account of experience that will be adequate for expressing all that we actually encounter and undergo."³ And, building on that account of experience, to "support a rational dialectic that makes it clear that the experience of God is intelligible."⁴ The clarity of his goals, however, frequently so controls his writing that one feels swept past problems and questions with no opportunity to challenge. In particular he attacks every possibility of subjectivism, because whatever is subjective is intra-personal, and the God who is the object of Christian worship is assumed to be extra-personal, i.e. transcendent.

Religion must involve the experience of God, and such encounter is not to be thought of merely in terms of purely human feelings.⁵

Since I shall propose an alternate model of experience, it is unnecessary here to follow the details of the development. But since it was in response to this model that my own came about, it is important to indicate my objections. The most important is the question of restricted inclusiveness. As quoted above, Smith sees his concept as all inclusive, and elsewhere he is even more explicit;

³Ibid., 22.

⁴Ibid., 15.

⁵Ibid., 14.

There is no descriptive term comprehensive enough in meaning to express the entire content of experience as such. Experience is of events and things, of hopes and fears, of disappointments and expectations, of persons and places; in short, experience must be open to everything that is, and we are never justified in anticipating its content by assigning to it some specific and differential character purporting to express the sort of thing it must (sic.) contain.⁶

He does not, however, maintain the inclusiveness. In the development of his ideas the overall impression is very strong that the subjective characteristics of 'hopes and fears'; 'disappointments and expectations' are laid aside. At one point he is explicit on this also:

The reason behind the choice of this term [encounter] for the description of experience is that it best expresses the fact that in experience we find something already there, we come up against something, we confront persons, objects, events, and we do so with the sense that we undergo or receive whatever it is that we meet without any sense of being responsible for having produced it.⁷ (Author's italics.)

And in another place:

On the contrary, experience understood as encounter is always disclosure of reality transcending the one who experiences.⁸

Such hedging on the inclusiveness of experience is unacceptable. All of the functions of the personality must have an equal place in any theory of experience, for dreams are a part of experience just as much as eating.

The route of connection between experience in general and religious dimensions of experience is, for Smith,

⁶Ibid., 27.

⁷Ibid., 13.

⁸Ibid., 49.

in the 'holy' days of human life. These are those days of crisis or profound change when:

. . . the purpose of life as such comes into question and when we have the sense that life is being judged, not in its details, but as a whole;⁹

. . . the crisis times fill us with a sense of the finitude and frailty of man, of our creatureliness, of our dependence upon resources beyond our own, and of our need to find a supremely worshipful reality to whom we can devote ourselves without reserve.¹⁰

These are clearly subjective happenings, and as he clarifies in the following pages, are not an experience of God, but are the religious dimension of experience. Although he subsequently says that the specifics of God's nature cannot be deduced from the religious dimension of experience, that seems to be what he has done here.

The events of crisis do not themselves constitute any resolution of the religious question, but merely provide the occasions (sic.) upon which man discovers the meaning of the religious question and the urgency of his need for an answer. It is an error to suppose that the religious dimension of experience is itself positive religious faith, or that it is the "material" out of which the reality of God is, so to speak, constructed. To think in these terms would be to think of experience as somehow constituting reality instead of being a medium through which reality is disclosed.¹¹

This illustrates one of the author's major problems; he has attempted to extract more information from experience than is possible. What is possible is to report those elements of experience which have been a part of life for significant numbers of people. If those elements are

⁹Ibid., 59.

¹⁰Ibid.

¹¹Ibid., 63.

consistent with historical reports on experiences which historical figures have called God's action in life, then we would be justified in using the same expression, God's action. If, however, we move from the correspondence in experience to using the same expressions for God as were used in the historical situation, we have violated the principle of historical relativity. We are using first Century concepts of God to communicate with twentieth Century man (including ourselves). Commonality of experience transcends such a time span, but ideas and language cannot.

As was stated before, it was interaction with this model proposed by Smith which led to the more comprehensive model below. The basis for this model is that at any given instant of time the human organism may be thought of as having a specific 'configuration.' This configuration is totally inclusive. All of the psychic content, both conscious and unconscious; the physiological status of the body, including such factors as body chemistry, position of limbs, and illness; as well as the multiplicity of relationships between all the elements of the organism comprise the configuration. This instantaneous configuration I shall call the 'organic configuration.'

It is apparent that with the passage of time the organic configuration will change. Whether it is by the addition of new psychic content, a change in blood chemistry (from being hungry, for example), or a change in relation

between some previously acquired content (e.g., in a dream), the organic configuration is in constant flux. In the present model, experience is defined as the change, with time, of the organic configuration.

This is a very broad definition, but it is quite consistent with traditional usage. The primary difference is the inclusion of physical factors in addition to psychic ones. Traditionally¹² 'experience' has referred to the process by which reality becomes known. It has been, then, the change which takes place in such knowing over a period of time. Put in the same form as the present definition, "experience (traditionally) is the change, with time, of the knowing of reality." Since 'knowing of reality' is much more than awareness of 'what's out there,' and is so intimately connected with, and affected by, both the inner psychic functions and the physiological status of the body, a comprehensive definition must include those factors as well.

There is a vast body of literature on the problem of short term experience and its effects on physical response, behavior and psychological reaction, and so in this study the primary focus is on the long sweep of experience. We are speaking of experience in its generic sense and very

¹²John B. Cobb, Jr., The Structure of Christian Existence (Philadelphia: Westminster Press, 1967), 30.

little of specific experiences. The goal here is also different than the goal of such experiments. In the present study the goal is an expanded understanding of the interrelatedness of all elements of the whole person, and not the prediction of results, given some arbitrary situation.

This definition of experience has several advantages over more traditional statements. First, it emphasizes the truth that the passage of time always produces change in every individual. Since the organic configuration encompasses the entire being, it is determinative for the way in which stimuli are received and processed. Because the organic configuration changes continuously, this receiving and processing is never twice exactly the same. When we consider experience in the context of time, it is necessary to recognize that it is never possible to duplicate experience, nor to re-live past experiences in every detail. Since the experience is only the change, disassociated from either the initial or final configuration, there is a possibility of repeating much of it, but the effect on the organism will be significantly different. It is this fact which underlies the therapeutic effect of re-living traumatic experiences. In the re-living of experience there is a new initial organic configuration, and thus the same change as occurred in the first experience will produce a significantly different final configuration: a configuration which, it is hoped, will correspond to more adequacy.

A second advantage of this model of experience is the recognition of the wholistic nature of persons. This is primary not only to psychology, but to theology as well. Too frequently the principle of wholeness is articulated, but in the development of theories and models is ignored. Systems which attempt to deal separately with different elements of the person must always be to that degree limited. The great difficulty is that the interrelationships between the psyche and the body are only slightly recognized, and understood not at all. It is the advance of this understanding which is a major motivation for this dissertation.

A third advantage of this organic configuration model of experience is that provision is made to include as experience such subjective functions as reasoning, dreams, and images. Since even delusions and hallucinations can cause tremendous changes in the organic configuration, they too come within the definition. It should be noted that in this discussion we are not interested in the 'correctness' or 'error' of experience. There is no assurance that the change in configuration will correspond to any objective reality, and in fact the specifics of the initial configuration will always introduce some degree of distortion. If our interest were directed toward epistemology, then the problem of distortion and error would be significant.

An important implication of this model of experience

is that the origin of the experience need not necessarily be outside the personality. That is to say that experience may as well be something done by the personality to itself, as something done to the personality by another entity. The traditional view of experience has been the latter. The individual might seek out situations which would insure certain kinds of experience, but in the language of Smith, in experience we 'find,' 'come up against,' 'confront,' 'undergo,' 'receive' something. In the present model we may also 'do to ourself,' not in the sense of touch or injury, but in psychic functions and illness.

For purposes of clarity in the later development a distinction in names will be introduced for these two broad categories. For those experiences which have their origin beyond the individual the term 'life experience' will be used. For those which are initiated within the personality the term 'structured experience' will be used. For example, rejection by another person would be a life experience, but the headache which follows would be a structured experience.

Experience is the stuff of which life is made. It is not life, however, until there is some integrating element to bring order out of the neverending flux, or, as in some personalities, to compound the jumble unto destruction. The naming of the integrating element has been the task of both theology and psychology; over several centuries in the

case of the former, and several decades in the case of the latter. The next task in this study is to investigate the conclusions of one of the non-analytic theories of personality, with the specific purpose of showing that it and this model of experience are mutually supportive.

CHAPTER III

THE SELF AS AUTONOMOUS EXISTENCE

The structure of human existence presented in Chapter II lacks the very necessary element of order, meaning, direction, and control. The continuous flux of experience has been pictured as random and disconnected. That, of course, is not the way most persons experience life. Although we may not be able to analyze the process which invests experience with order, every person is sure that there is order. In this chapter the task is to clarify the nature of this integrating element in the light of a particular theory of personality.

Experience has been defined as the change, with time, of the organic configuration. In any situation where there is change, the change can be detected only if there is some reference point which does not change. In terms of changes of location this is well recognized. As an example, a person standing on a fast moving train is changing position rapidly if the earth is taken as the reference, but not at all if the train is the reference. And if the sun is taken as the reference, the change has a significantly different character than either case. Therefore, if experience is change, whatever is called 'experiencer' must be some reference point which is not only unchanging, but is capable of sensing the change which does take place. In

the terms used in this discussion, the reference point would, therefore, not be part of the organic configuration, but would be aware of changes in that configuration.

Using the analogy of the train, it is not determined at this early stage whether the reference point being hypothesized is unchanging in an absolute sense, as we usually consider the sun; or whether there is potential for change within the reference point itself. In order to serve as an element of awareness of change in the organic configuration, whatever change might occur in the reference point would have to be different than the changes in the configuration itself.

At this point, then, on the basis of the definition of experience, we would expect to discover in the human personality some unchanging (at least relatively) element of awareness, the nature of which would profoundly influence the individual's perspective on, and interpretation of, experience. I have thus far attempted to avoid using spacial terms to describe the dynamics involved, but 'configuration,' 'change,' and 'point of reference' all create a spacial image. That is unfortunate. The organic configuration is not spacial, nor would the suggested point of reference have a 'location' in the normal sense of the term. To grasp fully the implications of the theories being examined it is necessary to be free from purely spacial images, even though spacial analogies and expressions

are the only ones available to describe the models.

The search for the integrating factor in human personality, although pursued by differing means, has consistently arrived at the 'self' as that factor. To have assigned a name does not, however, settle all questions. The characteristics which various investigators have attributed to the self covers a wide range, and are frequently contradictory. It is also true that the characteristics which common sense first chooses as defining the self do not stand critical analysis. In the time since Freud (whose work marked a turning point in the understanding of personality) such critical analyses have increasingly seen the self as separate from the content of consciousness. It is one of these emerging theories of personality which sees the self in very similar terms to the anticipated characteristics of the integrating element in the organic configuration model of experience. Specifically, it is the structure of personality proposed by Assagioli as part of his method of psychotherapy, Psychosynthesis.¹

One of the most important assertions about the self is that it is a center of pure self-awareness, and hence has no content material (what we 'know' or 'can do'). Since our mental processes are able to operate only on some

¹Roberto Assagioli, Psychosynthesis (New York: Hobbs, Dorman, 1965).

content, it is difficult to envision such a concept as pure awareness. These two elements of personality--the store of content and the point of awareness--are compared by

Assagioli:

The Field of Consciousness

This term - which is not quite accurate but which is clear and convenient for practical purposes - is used to designate that part of our personality of which we are directly aware: the incessant flow of sensations, images, thoughts, feelings, desires, and impulses which we can observe, analyse, and judge.

The Conscious Self or "I"

The "self", that is to say, the point of pure self-awareness, is often confused with the conscious personality just described, but in reality it is quite different from it. This can be ascertained by the use of careful introspection. The changing contents (sic.) of our consciousness (the sensations, thoughts, feelings, etc.) are one thing, while the "I", the self, the center (sic.) of our consciousness is another. From a certain point of view this difference can be compared to that existing between the white lighted area on a screen and the various pictures which are projected upon it.

But the "man in the street" and even many well-educated people do not take the trouble to observe themselves and to discriminate; they drift on the surface of the "mind-stream" and identify themselves with its successive waves, with the changing contents of their consciousness.²

The reality of the self, in this sense, can best be demonstrated by considering the implications of the continuity of our own sense of identity. Memory is largely taken for granted, and is often compared to the memory

²Ibid., 18.

units of digital computers, with the impression of past events stored in the cells of the mind to be recalled whenever we wish. Such a theory in mechanical - the data is there, perpetuated in the cell structure - I just recall it. But what is the I? "I recall it," distinguishes between the subject (I) and the object (an item of memory), and the implication is that some autonomous element is operating; is in command. That element would be the self proposed by Assagioli.

The procedure for realizing the reality of the self, suggested by others, is to reflect upon some element of one's personality, e.g., the emotions. After a brief time one is aware that the emotions change, but one's identity does not. There is something more really 'me' than my emotions. This same procedure can be repeated with any of the physical or psychological elements with the same result, there is always a sense of being able to assume the role of observer. It is the self which is the observer.

Robert Gerard, a therapist who uses psychosynthesis, suggests concentrating with closed eyes on the image of a white dot in the center of a white circle. His description of the experience continues:

Very quickly sensations and feelings will impinge, and all kinds of extraneous thoughts will intrude. You begin to have the experience that there is, on the one hand, this self who has willed to visualize a dot and a circle; and on the other hand, all these extraneous sensations, feelings and thoughts. You become aware of how little in control you are, and of how much

difference there is between the self and the stream of your consciousness which includes sensations from the body, feelings from your emotional nature and thoughts from your mental nature.³

All of the workers in this school of personality are at great pains to stress that the self is an element of reality, and not a psychological construct. Assagioli himself is quoted by Taylor on this point in comparing his own work with Jung. Jung sees the self as a 'psychological function.' For him (Jung) it is not a living reality, but rather something which is brought into being through the process of individuation. For Assagioli, on the other hand, the self is part of reality, not to be brought into being, but discovered.⁴ As long as a person views the self only as a psychological 'as if,' which may be replaced later by some better concept, the power potentially available through discovering the self cannot be released.

Although the fact that it has no content would seem to make the self relatively unimportant, its function as awareness is the most significant in the total complex. The fullness of the importance of the self as a center of awareness is made clear by Assagioli:

³Robert Gerard, Psychosynthesis: A Psychotherapy for the Whole Man (New York: Psychosynthesis Research Foundation, 1964), 8.

⁴Graham C. Taylor, "The Verbal 'Who Am I?' Technique in Psychotherapy," in Martha Crampton and Graham C. Taylor, The "Who Am I?" Technique in Psychotherapy (New York: Psychosynthesis Research Foundation, 1968), 11.

It is the essence of myself — a center of pure self-consciousness and self-realization. It is the permanent factor in the ever varying flow of my personal life. It is that which gives me the sense of being, of permanence, of inner security. I recognize and I affirm myself as a center of pure self-consciousness. I realize that this center not only has a static self-awareness but also a dynamic power; it is capable of observing, mastering, directing and using all the psychological processes and the physical body. I am a center of awareness and of power.⁵

From this it is possible to see some of the ways in which the self enters into life. The qualities of permanence, and being, taken together with the individuality of the self can be described as autonomy. Thus the self is aware of its autonomous existence, but such autonomy is not always recognized by others; nor do I always recognize others as autonomous. As a result of having an autonomous existence, the self is also aware of its own intrinsic and infinite worth. Again, as with autonomy, such personal worth is usually not affirmed by other individuals.

In the psychosynthesis approach to therapy the presenting situation of the patient is explored by one of the standard techniques, and the therapy begins there. Because of this there has been essentially no material on the genesis of disturbances in terms of the self. The development of psychosynthesis stresses, rather, techniques to progress from disturbance to order. But in the present study it is important to understand the dynamics of going from order

⁵Assagioli, op. cit., 119.

(health) to disorder (illness), even though it is uncharted territory.

Since the self has no content, it cannot learn nor be taught. The awareness which it exercises is therefore an inborn quality. Certainly at birth, and on the basis of the findings of fetology probably much earlier, the self is aware of its autonomous existence. In every relationship to other persons, and to his environment, the child (and in fact every person) senses either affirmation or threat to their autonomous existence. The need throughout all of life, for every person is to maximize the affirmation and minimize the threats or denials.

As Assagioli states in the previous quotation the self observes, masters, directs, and uses the psychological processes and the body. The exact nature of the dynamic process by which the self uses the mind and body is open to further study, but it may be that if there is insufficient affirmation, the self assumes an aggressive stance. The ongoing emphasis and preoccupation of the self's directing function then becomes the attraction of affirmation to itself; and when occupied with that task the self is less free to give expressions of affirmation to other persons. The person would neither receive nor give love. During the early period of life the self develops a set perspective on and expectation of relationships which continues in life and becomes apparent in personality. If such patterns of

behavior are reinforced over a number of years, the individual would undoubtedly need therapy. Note that affirmation in this context does not mean agreeing with decisions, or accepting all behavior, but may in some cases actually require confrontation and discipline. It also means that the self may often perceive permissiveness as non-affirmation, and thus use the psychological processes (as behavior patterns) to force confrontation or even to destroy the individual.

In his statement Assagioli includes the body as well as the psychological processes as tools of the self. He does not indicate the extent to which the body may be affected, but other authors in the field of medicine have suggested that every illness has its roots in the dynamics of interpersonal relationships.⁶ There is sufficient documentation of mental control over normally automatic physical functions (in Yoga and hypnotism) to make it within possibility that the self does have control over the body. If that possibility is included with the more widely accepted probability of psychological involvement, the statement of the role of the self would be all inclusive. Whenever the self fails to perceive in its relationships sufficient affirmation of its autonomous existence, it will

⁶Aarne Siirala, "Illness and Health in the Community of Mankind," Study Encounter, II: 3 (1966), 152.

alter the psychological, behavioral, and physiological equilibrium of the organism. The physiological alterations may include the recognized psychosomatic symptoms, but in addition the susceptibility to infection may be greatly increased, or one of the little understood catastrophic illnesses may appear. Chapter VI will deal in more depth with illness.

This is a dynamic view of the functioning of the self, which is in contrast to the reaction view of the past. In the reaction view the organism is seen as being the object of some unbearable influence, and in reaction the mind or body develops some illness. In the dynamic view, the self evaluates the degree of affirmation in its relationships; and if that affirmation is perceived as insufficient, the self will 'deliberately' use the entire organism in an attempt to strengthen the affirmation. The implication is that any method which helps persons be conscious of the existence of the self will thus help them be consciously aware of their own infinite worth. With such knowledge strengthened, the perspective on affirming relationships changes to be less demanding, and hence the self need not be so aggressive in seeking affirmation.

Kimper has reported⁷, in the area of pastoral

⁷Frank W. Kimper, class lecture on Non-analytic Approaches to Therapy, School of Theology at Claremont, 1968.

counseling, that counselees who say of themselves that they are unworthy, in reality have an extreme sense of personal worth. This contradiction between expressed and felt self-evaluation is clearly shown by the anger which such persons feel. If they really saw themselves as unworthy, they would accept passively that same evaluation from others. The strength of their anger shows the discrepancy between the personal view and the treatment by others. The problems exhibited by such persons show the power of the self in its attempts to extract affirmation from interpersonal relationships.

It is hoped that the consistency between the model of experience presented in Chapter II, and the structure of personality presented in this chapter, is apparent. If the self is seen as the integrating element which serves as the point of reference for the changing organic configuration a more complete model of human existence can be proposed.

Human existence may be understood as the interacting of a human organism with its environment. The organism is comprised of body, mind, and self, in which the self is the organizing element. Concerning the self, its time of origin is unknown; but almost certainly it is pre-natal, perhaps even at conception. It is a center of pure awareness, which has no content, and thus it does not learn, nor can it be taught. The awareness is that the self has an autonomous existence, and being autonomous it has equal

worth with every other self, worth which is thus infinite. As the organizing element of the organism, the self controls the functioning of the mind and body. Most adults cannot identify the self because, since it has no content, it provides no input to the reasoning activities of the mind; and second, throughout life, and especially in childhood, persons are treated as if they have only conditioned worth, and are granted only limited autonomy. Such treatment makes awareness of autonomy and infinite worth alien to what the consciousness has been taught.

Interacting with the environment is an element of experience and has been defined here, from the perspective of the individual, as the change with time of the organic configuration. The point of constancy in relation to which the changes take place is the self. As the changes happen, and particularly in the patterns of life, the self is aware of the affirming, or non-affirming nature of the changes. If the situation were ideal the experiences would be totally affirming, i.e., filled with love, and the self, being aware of the fullness of the affirmation would have no need to devote attention to the attracting of more affirmation.

What is here called 'attracting affirmation' is the attempt by the self, through using the psychological processes and the body, to increase its awareness of total experience as affirming. The elements of experience

presented to the organism, or imposed upon it, I have called life experience; while those changes initiated by the self I have called structured experience. In the attempt to attract affirmation considerable structured experience is initiated, and not all of it is intended to influence other persons to treat the individual differently. Such influence is important, and is the most obvious and open to investigation, but the self may initiate changes in the organic configuration which it perceives to be affirming without reference to the response of other individuals. For example, a chronic illness may function in the economy of the organism to strongly affirm the autonomous existence of the self.

At this point of the development nothing has been said about the changes (if any) which may occur in the nature of the self. It has been taken so far to be essentially unchanging, especially after the childhood years. For insight into the possibilities and effects of changes in the self it is necessary to turn to the spiritual dimension of man. That is the task of the next chapter.

CHAPTER IV

CHANGE IN THE UNCHANGING

In the preceding chapters the self has been used as the reference point for the changes in the organic configuration, which constitute experience. The question of change in the self has not been considered, although some passing comments have necessarily been made. It is now necessary to turn our full attention to the question.

Since the self is already operative at birth, it seems impossible to posit that it is unchanging throughout life. Such a thesis would imply that the self of the senior citizen was identical with that person's self at birth. That is exactly the case, however. The unchanging aspect of the self is the awareness of its autonomous existence, and the awareness of infinite worth which follows.

The new born child 'demands' expressions of affirmation of that autonomous existence and worth, i.e., love, and if they are radically not available the organism dies (or in keeping with the previous analysis, is killed by the self). The aged person exhibits much the same demand. As the body wears out and becomes less functional, the elderly 'demand' more and more affirmation of worth and autonomous existence. If that affirmation is not perceptible to the individual the result is radical withdrawal, and not infrequently accelerated death.

It is undeniable that the ways in which the self uses the organism varies from person to person, and even within the same person at different times of life. Using the infant-aged comparison once again, the adult has available a vast repertoire of mental and behavioral patterns which may be brought into play in structured experience, while the infant has no such resource. The infant has only the body as a tool for structured experience, and hence deprivation of love produces very significant physical symptoms. Even though there are great differences in the mental and physical tools available to the self, the basic awareness of autonomy is constant in every person at every age.

In addition to the differences in mind and body, there are vast differences in the defensiveness of the self, as the result of past patterns of experience. The possibility of change in the self arises out of this defensive stance, which seeks to force affirmation from all relationships. The defensive self also hoards that affirmation, giving very little to others. It is this defensiveness, i.e., the organizing function of the self, which can change, even though the awareness of autonomy remains unchanging.

One possible clue to the way in which persons understand radical changes in the nature of their own inner being, is to be found in the phenomenon of religious

conversion. The reports of the individuals on their own perceptions, as well as the reports of observers, agree that there are significant changes from both perspectives. From the individuals themselves frequently comes the assessment that they are now more than ever sure of their own autonomous existence and infinite worth, while observers frequently report a marked decline in outward demands that that worth be affirmed, and a new affirming relation to others. Since these assessments deal directly with the focus of the awareness of the self, some change in focus seems indicated.

The work of Assagioli was the basis for the development of the concept of the self, and so it is to his work that we look for clarification of the possibility and nature of change in the self. It should be noted that while Assagioli and those who follow his thinking are unanimous in holding that the self is a real entity, and are substantially agreed on the nature of the self, there is less agreement on the changes which may be observed in the self.

On the basis of several empirical observations Assagioli posits the existence of a truly permanent center which he labels the Self, using the capital 'S' to distinguish it from the self. The first necessity is to describe the Self, and then to show its relationship to the self.

This leads us to assume that the re-appearance [after sleep] of the conscious self or ego is due to the existence of a permanent center, of a true Self situated beyond or "above" it.¹

Following his explanation of the Self he says:

At the present stage of psychological investigation little is definitely known concerning the self, but the importance of this synthesizing center well warrants further research.²

Some additional statements on the nature of the Self are:

This Self is above, and unaffected by, the flow of the mind-stream or bodily conditions; and the personal conscious self should be considered merely as its reflection, its "projection" in the field of the personality.³

To all who are religious we can say that it is the neutral psychological term used for the soul.⁴

The chief quality is the experience of synthesis or the realization of individuality and universality. The real distinguishing factor between the little self and the higher Self is that the little self is acutely aware of itself as a distinct separate individual, and a sense of solitude or of separation sometimes comes in the existential experience. In contrast, the experience of the spiritual Self is a sense of freedom, of expansion, of communication with other Selves and with reality, and there is the sense of Universality. It feels itself at the same time individual and universal.⁵

And in commenting on the use of the two terms, self and Self, he writes:

Indeed, it is as if (sic.) there were two selves, because the personal self is generally unaware of the other, even to the point of denying its existence; whereas the other, the true Self, is latent and does

¹Roberto Assagioli, Psychosynthesis (New York: Hobbs, Dorman, 1965), 18.

²Ibid. ³Ibid., 19. ⁴Ibid., 86. ⁵Ibid., 87.

not reveal itself directly to our consciousness.

. . . There are not really two selves, two independent and separate entities. The Self is one; it manifests in different degrees of awareness and self-realization. The reflection appears to be self-existent but has, in reality, no autonomous substantiality. It is, in other words, not a new and different light but a projection of its luminous source.⁶

The Self, then, is for Assagioli the really unchanging element of human existence. The ultimate goal of introspection is to become conscious of the existence of the Self. There is logic in using the same term for the two concepts, because they have much in common, and differ primarily in the focus of the feelings engendered by becoming conscious of their existence. The feelings aroused are a blending of all of the positive feelings which might be called 'humanness.'

Becoming conscious of the self produces feelings of identity, freedom from habitual responses, a sense of responsibility for thoughts and actions, relief from compulsion to force affirmation from all relationships; i.e., strong feelings of individual identity. But becoming conscious of the Self produces feelings of joy, freedom to turn from demanding affirmation, to giving it in abundance to others, an overwhelming inner assurance that the self is autonomous regardless of the actions of others, and great release of energy and power to accomplish tasks which have

⁶Ibid., 20.

before been only potential; i.e., strong feelings of identity with all persons. These differences in the effects of getting in touch with the self and with the Self indicate that the focus of the Self is significantly different than the focus of the self. It is my conclusion that the Self is the self, but after some such significant change in focus has taken place. The feelings which accompany consciousness of the Self are called by Assagioli 'spiritual.'⁷

The references to 'spiritual' are very frequent in all writing on psychosynthesis, but it seems unnecessary to pile up such statements. That there are strong affinities between the theories of psychosynthesis and religion is stressed by the authors, but for the purposes of this investigation further proof of that fact would be meaningless. The question which must be answered is "How does Trancendent Reality interact with this structure of human existence?"

To answer this question we must look elsewhere than "Psychosynthesis which does not. . .give a. . .theological explanation of the great Mystery--it leads to the door, but stops there."⁸

⁷Quoted by Graham C. Taylor, "The Verbal 'Who Am I?' Technique in Psychotherapy," in Martha Crampton and Graham C. Taylor, Approaches to the Self: The "Who Am I?" Technique in Psychotherapy (New York: Psychosynthesis Research Foundation, 1968), 9.

⁸Assagioli, op. cit., 6f.

CHAPTER V

THE SOURCE OF TRANSCENDENCE

By assigning different designations to the concepts he has observed in clinical situations, Assagioli has introduced a distraction. If the dynamics of the self in its role as organizer of the organism is pursued, it becomes clear that the self, itself, must consent to any shift of focus from individuality to universality. And unless it is possible for the self to be replaced as organizer by the Self (all with the consent of the self) then the Self must be the same self, but with some alteration. But of its functions of awareness and organizing, only organizing can change. Hence it follows that the Self is in reality the self with specific, fairly universal, organizing traits, which differ from the multitude and variety of organizing traits exhibited by the vast majority of selves. It is apparent that every individual self has its own unique pattern of organizing life, which usually involves a very great degree of 'gathering' activity. By gathering I mean behavior intended to extract maximum affirmation from every relationship. Once the shift in the organizing pattern of the self occurs, to become the pattern of the Self, such gathering drops off sharply, to be replaced by 'sowing' activity. Hence the pattern of organizing utilized by every Self has much more in common than the variety of

patterns utilized by selves--commonality reflected in the sense of universality noted by Assagioli.

The model of existence is now complete except for the dynamics of this shift in the organizing function of the self. That model consists of two entities, one of which is constant (relatively), and the other which is constantly changing. The changes in the latter, the organic configuration, have been defined as experience. The fixed element is the self, which has two functions, the primary one being awareness of its own autonomy; and the second of evaluating experience for the degree of affirmation of the autonomy of the self, and utilizing the entire organism in the task of maximizing the affirmation afforded by experience.

In this model the self has ultimate control of the entire organism. We see this in the case of the consciousness, because it is possible to sense that our thoughts do not control themselves as to subject matter, and the expression 'I will think about it' implies the existence of the self in control of the choice of thought material. Because we are not in conscious contact with the unconscious, it is more difficult to separate the influence of the self, but it is not consistent with our functioning in the world to posit that every element (or indeed any element) of personality is autonomous, and makes its own decisions on how to function at any particular moment. For

example, it is misleading to speak as if the will were capable of functioning independent of the self. The frequent inner conflict between what I ought to do and what I actually choose to do is only possible if some one center of control is faced with alternative choices and rejects one in favor of the other. If will were autonomous there would be no such struggle to choose, the will would just act out its content.

The self not only has control of the organism, but is aware of the nature and magnitude of changes in the organism only in relation to itself. In its own awareness and frame of reference the self is fixed and incapable of even conceptualizing that change is possible. That is to say that if the self changes, the whole frame of reference changes with it, but within the frame the self cannot change. But it has been shown in the work of Assagioli, and the testimony of others, that it is possible for the self to change, to acquire the attributes of the Self. Once the change has been accomplished the old frame of reference, and the change can be viewed objectively, and because the self did not initiate nor control the change of which it is aware in retrospect, it must attribute both the initiation and the control to some reality outside itself, i.e. some transcendent reality. The universal name of that transcendent reality is God.

It is necessary at this point to clarify the limits

of the present study in relation to what will be attempted in speaking about God. There will be no attempt to describe God as an element of reality, but the discussion will focus on the awareness of God's acting in human life. This is in no way a denial of the reality of God, but only a desire to avoid inductive speculation in favor of more immediate data. This limitation is permissible because all statements about God are founded upon an awareness of His acting in one's life, and hence this proposal of the source of transcendence must accommodate those statements.

In the traditional Christian dogma, the change in the self has been called 'salvation' or 'conversion,' or if the change is gradual, 'spiritual growth.' This understanding of conversion is consistent with the recent work of Cobb on the structure of existence¹, and specifically on conversion.² The first is the basic presentation of Cobb's thesis that in the evolutionary period since human became differentiated from animal, the center of organization of life in man has shifted its locus. In primitive man life was controlled out of the unconscious, although some activity had as its goal rewarding experience for the psyche,

¹John B. Cobb, Jr., The Structure of Christian Existence (Philadelphia: Westminster Press, 1967).

²John B. Cobb, Jr., "The Nature of the Conversion Experience," in Four Views of Conversion, report of the Twelfth Theological Consultation of the Methodist Board of Missions, 1967.

over and above the well being of the body. In the next stage of development, civilized man, the center of organization shifted to the reflective consciousness, and the achievement of rewarding experience became even more important. The present mode of existence came into being in the millenium before Christ, and Cobb uses Jasper's term, 'axial man,' to describe this mode. The center of organization in axial man is located in the rational consciousness. The final stage of evolution came in the life and teaching of Jesus, and is Christian existence. The distinguishing characteristic of Christian existence is that the person is free to choose, indeed has the responsibility to choose, the locus of the center of organization, and to choose it in love.

The limited space in this study does not allow the inclusion of even a small part of the theological material in Cobb's discussion of Christian existence which could be used to buttress the development of the present model.³ Although quite different in approach the two analyses arrive at quite similar conclusions. The reader is encouraged to compare these two approaches to the same set of experiential problems.

There is one point which must be considered somewhat further. At several points Cobb speaks of spiritual

³Cobb, The Structure . . ., Chapter 10, 107-124.

existence as "self-transcending" existence, and in the analysis of conversion the impression is created that the individual can, by his own decision and initiative, effect the change in locus of the self.⁴ Such self-control of the locus would constitute salvation by works, or at least by one's own efforts, in opposition to the Christian doctrine of salvation as an act of God. To the contrary, the organic configuration model, in which the change in locus of the self comes about through the action of God, the part played by the self is only to be open to the change. Although the self can be aware of the locus it has followed in the past, it cannot 'choose' the locus in the future. To be open to such unpredictable change requires courage, and it requires faith that wherever God's action propels the self, life will be enriched. This criticism of Cobb is tempered by some of his statements, such as when analyzing the enlightenment of the early Christian community:

Hence, he must shift his efforts from a direct struggle to alter himself to the attempt to become open to the work of the divine Spirit that could do within him something which he could not do in and for himself. Even here he knew that his very opening of himself toward God depended on God's initiative and that this opening, in its turn, was very fragmentary indeed.⁵

But, overall, the predominate impression is one of self-initiated-transcendence.

⁴Cobb, "The Nature . . .," 11.

⁵Cobb, The Structure . . ., 129.

At another point Cobb states that:

In the New Testament, we see a stage of development in which the primacy of the Holy Spirit was so great in the understanding of the Christian existence that there was simply no place for using the gifts of the Spirit wrongly. That one should use the freedom granted by the Spirit for immorality was unintelligible, although, of course, even then it occurred. The New Testament had not reached the understanding of spiritual sins.

The church, however, came rapidly enough to recognize that the existence of man as spirit was by no means an insurance of virtue. It introduced man to a new level of sin as well as to new possibilities of self-sacrificial love. Spiritual existence has brought into human history depths of both good and evil that are impossible in any other context. The finest achievements of man and his most hideous crimes are alike spiritual acts.⁶

If in this statement both the option to choose, and the power to assume, the new center is invested in man, the previous objection to salvation by works clearly holds. If on the other hand, the option is with man, but the power to assume is with some transcendent reality (as in the organic configuration model), then Satan, or his equivalent, has been introduced to supply the power to shift the center of existence.

Paul Tillich once said, in preface to applying classical theology to a contemporary question:

I will try to do it, though with the anxiety which a theologian inescapably develops when he realizes how distorted and unintelligible practically all classical religious concepts have become to the men of our time. The only way to use them in spite of this situation is

⁶Ibid., 122f.

to relate them to genuine present experiences which can be assumed to be similar to the original experiences out of which the symbols of the classical religious tradition have arisen.⁷

I share this feeling exactly as I attempt to correlate this model of existence with the New Testament, and in particular with the Gospels. Since the need for theological development is primarily to establish continuity with the Christian tradition, this is not an exhaustive systematic treatment. There is, of course, no intimation that the writers of the New Testament conceived of life in these terms. But it is assumed that the awareness of radical change in the perspective of the self on experience was part of their life. The episodes in the life of Jesus which were preserved, and eventually written, were those episodes which most strongly evoked in the individuals of the Christian community a re-living and renewal of the original impact of the change in the locus of the self.

In retrospect, from the post-resurrection perspective, the disciples knew their lives had been altered by their association with Jesus. The nature of the change was difficult to express in any concepts they knew, and so they began to retell episodes from the life of Jesus which illustrated in the physical world what they felt in their own

⁷Paul Tillich, "Psychotherapy and a Christian Interpretation of Human Nature," Review of Religion, XIII (March 1949), 264.

inner world. Before knowing Jesus, they, like all men, had been preoccupied with gathering affirmation of the self's autonomy. But in their post-Easter living such gathering had given way to sowing, i.e., vigorously affirming the autonomy and worth of every other person. The self as captive had been released; the self as blind had been given sight to see others as of infinite worth; the self, oppressed, had been set at liberty; the self had been found acceptable to the Lord.

To love is to affirm totally the other person, and this Jesus had done in his relation to every one, even those who were grossly unloved by society. And of all the changes which result when the self is transformed, the thrust to love others is the strongest (the universality of Assagioli). Because in the transformation of the self, it becomes able to rest secure in its own awareness of its autonomy and worth, it senses the power which affected the transformation as affirming; hence God is experienced as loving. To love oneself is to affirm the worth of the self, and to love one's neighbor is to do the same in relation to him.

If one is to be open to the transformation of the self, he must be willing to rid himself of all the means of gathering affirmation the self has used in the past, and be willing to follow wherever God's action leads. If the self is open to the acting of God, He will act; but no one knows

how or when, or where it comes from (like the wind), yet one will be born again.

The healing ministry of Jesus was retold because the withered hand of the self could now reach out to others; the blind self could now see what had been there all along; the dead self sealed off from others as in a tomb was now alive and active.

The disciples were aware of tremendous changes in their lives; changes which were initiated and directed by a reality outside themselves--by God. Both the changes and the sense of transcendence were so immense as not to be ignored. And there was the man Jesus. The characteristics which were so liberating in their lives, he had shown since the baptism, and the qualities were more than just a portion of him, they were his total impact on persons. The impact apparent at times in the healing of illness, or at other times in a distinct change in living. If the impact of God's acting wrought such changes in the disciples, how much more God was present in Jesus. So Jesus was called "the Christ," and the disciples began to preach that if one would open himself, loosen control of the locus of the self, and acknowledge Christ as Savior and Lord, then the self would be transformed in the same way the disciples had experienced.

This might be called symbolic theology as compared to analytical theology, but its purpose is to illustrate

sufficiently enough the consistency of the present model of the human-divine relationship with traditional Christian concepts to allow it to be called Christian. I believe that limited objective has been accomplished.

Without doubt the most influential ideas on the presented mode of divine-human interaction have come to me from Dr. Frank Kimper. Based upon introspection and clinical observations in pastoral counseling, Kimper was the first to distinguish between talking about experience, and attempting to extropolate to talk about God. In a very personal statement for class distribution, he describes his own experience of God, and his observations of others, as: "The Urge to be Myself!" ". . . the Urge to be autonomous!" "Creative Energy seeking autonomous expression," "Creative Thrust toward knowledge, toward actualization of potential," "Persistent Pressure toward orderly principled living!" and in a more extensive quotation:

. . . the Urge to experience relatedness is equally relentless in its demand that my worth (i.e., my uniqueness and autonomy) be acknowledged and appreciated by others in our inter-personal living. This Urge to experience relatedness - to have my worthfulness confirmed by others - I perceive to be common to all persons;⁸

It was these ideas which 'made sense' in my own life, and which I have attempted to incorporate into a

⁸Frank W. Kimper, "My Belief in God" (Paper read in Pastoral Counseling Center Seminar, School of Theology at Claremont, 1968), 2.

larger scheme of reality. I hope that I have been successful.

At this point we have a model of existence which includes an understanding of experience such that some experience can be initiated from the inner self of the individual. Such structured experience by definition may include physical illness, it is now necessary to consider in more detail the nature of illness and health.

CHAPTER VI

ILLNESS AND HEALTH

Having explicated a model of human existence from the psychological and theological perspectives it is now necessary to consider the place of illness and health in that model. In order to do that the 'normal' development of the individual must be understood.

The absolute necessity of the self, from (at least) birth onward, is that its autonomous existence be affirmed, in the perception of the self. This necessity is an ontological fact. The source of this affirmation is three fold; first is life experience, which is everything that comes to the organism and is not initiated by it. The degree of affirmation which these life experiences supply is in part dependent upon the perspective of the self. Secondly, there is the structured experience, which is that experience initiated by the self. The theory that psychological and behavioral patterns are used to satisfy the needs of the body is well accepted, but here it is held that the self also uses the physical body in its attempt to satisfy its need for affirmation, including the destruction of the body through disease. Thirdly, there is the secure, unaffirmed certainty of autonomy which sustains the self completely apart from either life experience or structured experience. This has traditionally been called God's love,

and in those moments when this unaffirmed certainty is sufficient to meet the needs of the self, one is in contact with the Self in the terms of Assagioli. This topology of affirmation is operative throughout life. At various periods one of the three may be predominate, and the third is often so minor as to be essentially absent, but the self fulfills its function of organizing the organism with the goal at all times to maximize the total affirmation.

The developmental aspects of personality can also be put in these categories. As the body develops, there are new body systems, and new skills, available for expanding structured experience. One aspect of the structured experience is the relationships formed, and it is the study of such relationships which has occupied men like Freud and Erikson. Perhaps two reasons why an understanding of old age is so difficult to fit into their systems is, first, the lack of a single constant unifying theme about which all of life is organized; and, second, their failure to recognize illness as a deliberate function of the organism instead of a disaster which strikes for some reason unrelated to the unifying theme. In the present study the unifying theme is the drive of the self to maximize affirmation of its autonomous existence.

These are descriptions of 'normal' development which is observed as health. Health is here defined as, 'that state of existence in which the functioning of the body

systems is unimpaired.' Since in this model of existence the impairment of bodily function is one mode of structured experience initiated by the self, this definition may be recast as 'that state of existence in which the requirements for affirmation of self-autonomy are sufficiently satisfied by life experience as not to call forth destructive structured experience.'

An important aspect of this definition is that under it persons who have some impairment of function due to accident, birth defect, or some previous illness, are still healthy if their pattern of structured experience is not destructive.

As life progresses the organizing function of the self, which includes both the perception of life experience and the initiation of structured experience, changes. The changes must come as the body develops because the life experience changes, as do the possibilities for structured experience. If the changes in the organizing function follow the growth patterns, health will be good. If, however, the self clings to old patterns of organizing; if the self is fearful of the changes (which it was noted earlier the self cannot even conceptualize in its frame of reference); if the self does not begin to substitute unaffirmed certainty of autonomy for some of the affirmation previously demanded of life experience, structured experience will be initiated, often to destroy health. That is to say, if the

self does not allow itself to be changed by God's action in life there will be no spiritual growth, and poor health.

Illness is non-health. Every person is to some degree ill, but usually a person is not called ill until the symptoms become apparent to him and to those around him. As noted above, although impairment of function is the definition of symptom, not all impairments are seen as illness, e.g. amputation. The impairment of function is obvious, but is called a handicap (if mentioned at all) rather than an illness. The same applies to a mentally retarded person, he is handicapped rather than ill. The care in word usage has its foundation in the intuitive sense that to be ill involves more than normality of function. It involves the whole person, at his deepest centers of personhood, and so we say "He is ill," and not "His heart is ill." His heart may be weak or bad, but he is ill. We talk as if illness happens to total persons, and not to parts or organs.

These considerations would indicate a close connection between medicine and theology, and in recent years there have been several consultations on the interrelatedness. The reports of three of these consultations are included in the bibliography.¹ In contrast to the present

¹World Council of Churches, The Healing Church (Geneva: 1965); Study Encounter, II:3 (1966), 122-166; World Council of Churches, Health: Medical-Theological

effort to evolve a model of existence in which physical and non-physical elements have a fully reciprocal effect on each other, these consultations implicitly accept the autonomy of physical health. Although there is frequent reference to the wholeness of man, the effects of mind on body, and body on mind, the areas of ministry are much more sharply defined. The discussions tend to explore, and the conclusions affirm, that the doctor needs to broaden his outlook to see the patient as a whole person, realizing that the illness under treatment may be exaggerated by anxiety or other psychological stress. The clergyman is urged to increase his skills in mental health and social concerns.

Perhaps the issue should be put this way: the chief contribution of the Christian faith, or the church, toward healing is the insight and motivation needed to show people that the meaningful life of love or human concern requires constant struggle to remove the causes of human misery and premature death.²

This comment is comparative rather than critical. It is essential that the interpenetration of disciplines, being brought about by these and other still unpublished dialogues, be forcefully encouraged. At the same time there is a need for further exploration of the concept presented here, that spiritual growth may at times be

Perspectives (Geneva: 1968); Dale White, (ed.), Dialogue in Medicine and Theology (Nashville: Abingdon Press, 1968).

²Francis J. Braceland, and J. Robert Nelson, "Contributions of Medicine and Theology to the Health of Man: A Dialogue, in Ibid., 46.

absolutely necessary to healing physical illness.

Other important themes at these consultations have involved ethics and what might be called a theology of suffering. In a paper preparatory to the 1967 consultation (Reported in Health: Medical-Theological Perspectives) both of these themes were explored.

Tübingen 1964 conference, reported in The Healing Church declared that healing, in the Christian understanding, is a sign of the breaking into life of the powers of the Kingdom and of the dethroning of the powers of evil. In the work of biological repair, the spectacular successes made possible by the rise of technology have coincided with the secularization of medicine and its taking over by the state and by private agencies, informed by no Christian anthropology. Anxiety, pain, suffering, and sacrifice, which in biblical mythology and Christian belief hold a paradoxical position, being totally opposed to God's will and yet the very means of its ultimate triumph, are in this philosophy things for eradication by power. The result is that the concept of curing illnesses has become identified as the goal and triumph of medicine, in contrast to the concept of seeking and preserving the wholeness of man in a whole society as the purpose and triumph of God. Nowhere has the triumph of technology had more disastrous results than in the care of the dying, in which the application of the absence of symptoms and duration of life as the sole criteria of successful treatment is desperately inadequate. What has been lost is the social effect of New Testament mythology, at the very heart of which is the proclamation of the elimination of the negative by suffering it personally.³

In light of these 'expert' discussions the possibility occurs that the present model of existence, which suggests such an intimate connection between the physical and

³William L. Nute, Jr., "Health and Salvation: Definitions and Implications," Study Encounter, 11:3 (1966), 140f.

the inner person, may be too inclusive. On the other hand, perhaps the statements in the consultations on the inter-relatedness of mind and body do not go deep enough to involve the self. Or, perhaps it is true that the only contribution of theology to healing is to set the mind at peace, relieve anxiety, or help one endure suffering more creatively. Such judgements will have to await considerably more investigation.

There is even now, however, one voice saying much the same thing. Gotthard Booth, a psychiatrist in New York City has written extensively on the psychogenesis of physical illness. I conclude this consideration of health and illness with several of his insights because they are so similar to my own.

In his fine introductory chapter to Siirala's book, The Voice of Illness,⁴ Booth gives much empirical evidence of the connection between psychic and physical elements of personality. He points out that establishing that connection is more difficult than dealing with psychological illness, because in the psychological sphere "man is freer than on the biological level of existence,"⁵ which is the level to which he directs his attention.

⁴Aarne Siirala, The Voice of Illness (Philadelphia: Fortress Press, 1964).

⁵Ibid., 24.

The outline of the chapter first sees the body as symbol, and this section is best summed up by the quotation from Ludwig Klages, "The body is the expression of the soul, the soul is the meaning of the body."⁶ The reasoning in the section leads up to the characterization of illness:

One may say that illness expresses the soul more impressively than health in the same way that a good caricature expresses essential aspects of a personality more clearly than photographs taken in uncharacteristic situations.

The second section of the chapter develops the theme that illness is alienation, and in particular, alienation from society. "The biological function is used as a mere gesture, but a gesture which realistically affirms a social attitude."⁸ The third interpretation of illness is as communication. He cites the experimental data on the need for mothering in human and monkey babies to show that adequate physical care of the body is not adequate total care, and that communication of other psychologically satisfying affirmation is necessary to make the total care adequate. The difference in purpose between the communication in health and in illness can be summarized:

In the state of illness nothing changes as far as the principle of self-expression is concerned. Illness differs from health only with respect to the form in which the individual relates to his specific environment. (sic.) Whereas healthy behavior patterns use the body organs, social conventions, and language in a manner which establishes and maintains positive

⁶Ibid., 2.

⁷Ibid., 3.

⁸Ibid., 6.

interaction with others, the symptoms of illness serve only as self-expression. (sic.)⁹

Having established these general boundaries of his convictions on the nature of illness, Booth proceeds to offer evidence to connect specific illnesses with specific personality types. He couples rheumatic illness with the personality type which descended from the prehistoric hunters, while heart disease is more prevalent (he says) in those personalities who descended from the prehistoric planter types. It is the hunter and planter genes which still persist which predispose the two types for the specific illness.¹⁰

A different differentiation can be made on the basis of the Freudian categories of genital and anal. The first of these appears to be more disposed to tuberculosis, while the second more frequently develops cancer. The connection between these factors is well documented by Booth.¹¹ The recognition of these tendencies would be most helpful in finding complete healing for patients of these specific diseases, but Booth correctly points out the tremendous advantage to medical practice if the universal implications of these specific examples were implemented. "The body is the expression of the soul."

These references to the work of Booth have been

⁹Ibid., 7.

¹⁰Ibid., 10ff.

¹¹Ibid., 15ff.

included because they so accurately summarize the conclusions which result from carrying the present model to its logical end.

When an understanding of health and illness has been achieved, the next task is to explore the possibilities and procedures for movement from illness to health, i.e. healing.

CHAPTER VII

HEALING AND SALVATION

CHANGED BY GOD

The great need for man, according to the New Testament, is to be 'born again.' The meaning of that phrase has, throughout history, been clear only to those who have experienced it. Likewise, the phenomenon of healing has frequently been a mystery except to those who have experienced it. It was the personal experience of healing, in the whole meaning of the word, which not only prompted my entrance into the Christian ministry, but also has been the motivation for this investigation. The sense of being born again is as persuasive as the healing. It has been the goal of this study to integrate the insights of several disciplines into a model which would, at least, begin to encourage dialogue between science and theology on the subjects of healing and salvation.

All that can realistically be attempted in a single chapter on healing is to suggest a theoretical foundation for some future detailed discussion of techniques, but a brief indication of some of the characteristics of effective techniques will be included for completeness.

Since the absolute necessity in every person is to have the self affirmed in its autonomous existence, the factor common to all healing is love. And anyone who would

serve as an agent of healing must be prepared to give of himself in the expression of love. Speaking of the family doctor, and the characteristic which so endeared him to his patients, Belint, a British psychiatrist has written that he gave of himself:

"The doctor himself is an extremely powerful drug and those who use it relieve more suffering than has yet been recorded by the most powerful drug in the pharmacopoeia. The family doctor knew this to be so and he prescribed himself in generous doses."¹

The psychiatrist who quoted him challenged his listeners:

This was his secret, and this apparently is the secret of success of any professional man who must deal with people, whether they be patients, parishioners, or conferees.²

It is the lack of this element of affirmation which has been seen as the life experience which calls forth the structured experience of illness. Since there are many persons involved in creating the pattern of life experience, there are many persons who may need to learn new ways of relating if healing is to occur. These may be put into three groups: the one for whom healing is sought, the one(s) who seek(s) to be agents of healing, and the significant others in the life of the identified patient.

¹Francis J. Braceland and J. Robert Nelson, "Contributions of Medicine and Theology to the Health of Man: A Dialogue," in Dale White (ed.) Dialogue in Medicine and Theology (Nashville: Abingdon Press, 1968), 22.

²Ibid.

According to the model of illness and health developed in this study each of these groups must enter in depth into the drama of healing. The script for each cannot be written explicitly, but the general shape of each can be sketched.

In addition to the varied role which each of these categories of persons may play in the healing drama, there is a further need to explore the two possibilities for reducing the destructive structured experience. The most broadly applicable of these possibilities is the radical increase in affirmation which illness indicates is appropriate, and the somewhat more specialized possibility of evoking a transformation of the self. Neither of these is restricted to certain of the persons involved, and both must be implemented if healing is to take place. In this brief discussion of healing, I shall deal with each member of the 'cast.'³

Beginning with the largest group, the significant others, the task is to genuinely affirm the autonomy of not only the one who is ill, but of all others in the group as well. Because such affirmation goes much beyond 'hugs and kisses' this challenge to 'love one another' may require considerable homework. The necessity for viewing the

³The concept of 'the cast of healing' is used by R. A. Lambourne, Community, Church and Healing (London: Darton, Longman and Todd, 1963), 45.

supportive group, or 'community,' as of crucial importance to healing is a major theme of Lambourne in Community, Church and Healing. He carefully analyzes the ministry of Jesus, and concludes regarding community:

It is only half the truth to think of the miracles of Jesus as being done 'in front of' the public. They are done amongst the public and within the community (ἐν ᾧμῳ) and they, the public, are in the sick man who is healed and he is in them. He is presenting and representing their illness, as a child's stealing presents and represents the enmity and rows of its sinful parents, or as Foulkes puts it, he is presenting in his disease 'the interacting network of human relationships from which it grows.' Christ's healings are thus seen to be healings and judgements of the communities in which they occur.⁴

Thus the supportive group, be it limited to family and a few friends, or to a large community, is deeply involved in the drama of healing. The group may, or may not, acknowledge and fulfill its responsibility, but that the bond is real cannot be ignored. The kind of love which is called for in crisis is no different than that which the Gospels enjoin Christians to practice continually. It is the unconditional acceptance of the personhood of the other, freely and fully given, not because of the situation or station of the other, but only and completely because he is another human being. This is the affirmation of the autonomous existence of the other's self.

In times of crisis the need to affirm is frequently

⁴Ibid., 43f.

strongly recognized and expressed by the community, and the healing process is stimulated. It is regrettable that such needs are not recognized and expressions given in non-crisis times. The oft made comment, 'We never appreciated her until we nearly lost her,' illustrates the point.

Such deepened appreciation has great bearing on the effectiveness of healing, and if continued as a lasting relationship, has tremendous impact on health.

Affirmation of this kind must be deeper than words and deeds. It must be shared by those involved at levels of perception which cannot be put into words, but only sensed. And it is this interacting at the depths which opens the way for the second possibility for healing: namely, the transformation of the self toward the Self. By its love the community can give courage to the self to relinquish its control and allow God's acting to 'move' it. The courage, the openness, the allowing is a personal event for the individual, but the community, e.g. a congregation, can be of great assistance. Speaking of group workshops, Progoff says:

They are rather an opportunity for persons to meet others in the deep place of the psyche where they can enlarge the vistas of their experience.⁵

Going to this place in the psyche in a disciplined way is the key to the methodology of personal growth.

⁵Ira Progoff, The Symbolic and the Real (New York: Julian Press, 1963), 193.

. . . but for the community as a whole, commitment to the goal of developing the inward sensitivity of persons means a transformation in the atmosphere by which reality is perceived and approached throughout the culture.⁶

Illness is nourished in the soil of the community, and maximum healing requires that the community acknowledge the crucial part it has in the drama of healing. The form and functioning of such workshops, out of which would come this new atmosphere, is dealt with at length by Progoff, and the reader is referred to his work for details of technique.

The second member of the cast of healing is the one who would be an agent of healing. In nearly all situations this means a physician, but in the context of this study, in which God's acting in life has been introduced as a crucial factor to distinguish between 'cure' and 'healing,' any person might appropriately be an agent of healing. In order to narrow the discussion somewhat, the clergyman will be the focus here. Much of what is said about his role would also apply to any dedicated layman.

Ideally the clergyman is a person trained in the 'art of loving,' and this puts him in a unique position. Not only is he capable of communicating strong affirmation, but he can pass on to others in the congregation the same capabilities. Although it may seem that a single person would not be able to alter appreciably the outlook of

⁶Ibid., 208.

another just by being genuinely loving for a relatively brief visit, exactly that does happen. If a clergyman (or anyone else) would facilitate and sustain healing he must cultivate the art of loving. In this context I do not limit healing to relief of spiritual pains, or mending of broken relationships, but include every situation in which a person is said to be sick.

A more specifically religious task is involved in implementing the second possibility for healing. That is the possibility of evoking a transformation of the self. It is this transformation of the self which I have equated with the traditional religious phenomenon of salvation, as well as spiritual healing. Because I see these as the same phenomenon, it would be possible to use traditional religious language to describe it. Since much of the problem behind this study is to invest those expressions with new meaning, what follows will consciously avoid the traditional language.

Progoff has made the transformation of the self the theme of his book, The Symbolic and the Real. To understand the quotations it should be noted that in this book he uses the term 'psyche' as the:

. . . directing principle in the individual that sets the pattern of growth and works to sustain it throughout the life of the organism.⁷

⁷Ibid., 73.

With the one qualification that Progoff does not include the physical body within the sustaining function of the psyche, it is essentially the same as the self.

Because of this correspondence it is possible to use his insights into the nature of the psyche to guide our thinking about the self.

To effect such a deep change in personality requires the use of symbols, but in our modern world the traditional symbols are no longer effective. Hence:

The key to such a transformation would seem to be a new symbol strong enough to redirect the energies of personality. But how shall we choose such a symbol? Which symbol shall we call upon and how shall we make it effective? By the nature of the task it is called upon to fulfill, such a symbol would depend upon the quality of awareness which each individual validates for himself in the privacy of his own experience. No specific symbol can meet the need. It is rather that the process itself, the encompassing process by which inward reality unfolds on the dimension of depth of the psyche, is itself the symbol that can serve operationally to meet the modern need for spiritual transformation achieved by psychological means.⁸

It is the process itself which is the symbol needed by modern man, and in the context of this study the process has been shown to be the transformation of the self under the power of a transcending reality. The traditional expression of 'letting God come into one's life,' says the same thing in other symbols; symbols which no longer have power to move men, but which provide a line of continuity

⁸Ibid., 175.

with theological thinking in the past.

For guidelines on helping individuals discover the reality of the process we must turn again to Progoff. In discussing the cases of three subjects he writes:

The psychological essence of the procedures which these individuals followed was expressed in the subtle change which took place in the focus of attention, shifting it away from outward concerns in a way that gave priority to an inward principle. This principle was not subject to their conscious manipulation, and it was not directed toward satisfying their ego desires. It followed its own nature, and worked to fulfill its own requirements.

The essence of the method used in each case was the recognition of the integrity with which the inward principle unfolds. Special care was taken to give it all the freedom it needed to express its autonomy and to establish a new situation in the life of the individual.⁹

This is a description of 'what' happened, and he continues to make some general comments on the 'how.'

This meant placing the focus of consciousness at the depth level of the psyche and permitting the elemental symbols at work there to reshape the structure of the personality in accordance with their inner form and rhythm,

In this procedure the individual turns aside from the anxieties and interests of the moment and directs his attention to the inward process of symbolic unfoldment. He does not attempt to direct the movement of the symbolic principle at work, but rather takes an open and permissive attitude toward it. Within the depths of the psyche he permits it to direct him.¹⁰

The meaning of these things for the clergyman of today is only to point the direction which must be taken.

⁹Ibid., 176f.

¹⁰Ibid., 177.

In the past many symbols such as the Christ, the cross, communion, and the whole religious language directed the focus of attention inward just as Progoff says it should be. The modern question is, "Can these same symbols be revitalized by an interpretation along the lines of this study?" It seems clear that no matter what symbols are to be used, it is the dynamics which are most important. The dynamics of directing the person to the core of the self, and then helping him have the courage to wait for the transformation. A detailed handbook of techniques to set these dynamic processes in motion in the religious context is not the objective of this investigation, but for psychological methods (with a definite religious tone) the reader is referred to the work of Progoff.

The third member of the cast of healing is the person who is ill, and he too must conform to the same two possibilities for healing. It is especially significant that just as he is not a person to whom something (an illness) has happened, he cannot be a passive object to whom something new (healing) now happens. Healing is a process, filled with dynamic forces and energy, and the one who would be healed must deliberately involve himself in that process. While it may be that the doctor and clergyman will encourage, enable, and instruct, the final involvement rests with the individual himself.

Even if the other members of the cast were to fail

in their roles, the one who would be healed must learn to love more adequately. One of the characteristics of the transformed self is to be able to give affirmation more freely, and to the extent that it can be 'learned,' such giving of affirmation should be consciously practiced. However, such affirmation, done because one ought to, cannot replace the spontaneous turning outward which accompanies the transformation of the self.

Again the task of the one who would be healed could most easily and naturally be described in traditional religious terms. He must give himself to God, accept God's will for his life, lose his life in order to find it, place his own 'self' last in order to become first, trust in God's love. All of the language applies when it is understood in the light of this analysis, as is the conclusion that wholeness or eternal life will come as a gift from God.

In this day healing for most people is perceived to come not from God, but from the doctor. The patient believes he has only to follow instructions on when to take medication to be healed, for 'he' feels differentiated from his 'body,' the object which has gotten "out of whack." To say to him that all healing comes from God will at best have only vague meaning in terms of predictable processes, and at worse will only be several words strung together.

In the words of Fromm a new symbol must be evolved

to assist men in speaking about, and being aware of, the transcendent power which keeps constant pressure on every self to accept transformation. In the past the symbol, 'God,' as interpreted in the Christian tradition, has served most of the Western world; but there has occurred a parallel loss of meaning from both 'transcendent' and 'God.' The loss in meaning is a clear reflection of the loss of awareness of any transcendent aspect of life, indeed a denial of any possibility of such an aspect. On the basis of this synthesis of several disciplines, however, such an element appears to be part of reality. To deny or ignore it is, therefore, a denial of reality itself.

CHAPTER VIII

CONCLUDING STATEMENT AND FUTURE CHALLENGE

In relation to the total task of understanding illness, health, and healing in theological, and specifically Christian, terms, this has been little more than a preliminary statement. The work of several leaders in the fields of psychology, theology, and medicine has been integrated within a comprehensive model of experience. The resulting synthesis has been used to explore the subject of health, and especially to investigate the dynamics of the healing process. The results show that there is a transcendent element in reality which enters human life as the restlessness to be more than one is at the present moment. The power which is able to transform the self to a less defensive, more open, more loving perspective on life, is the power which traditionally has been called God acting in life. It is this transforming of the self which is healing, and since the self utilizes the physical body (in illness) in order to gather affirmation of its autonomous existence, physical illness likewise yields when the self is transformed by God's acting in life.

Many of the concepts incorporated in the synthesis come from the thinking of established authorities in the several fields, and although there is not complete

agreement on their theories, they are well qualified to defend their own work. There are, however, three points which seem to merit additional comment and clarification. All three involve, in some way, the functioning of the self.

The first point is the assertion that the self is aware of its autonomous existence, and has as its single overarching goal the gathering of a maximum affirmation of that autonomous existence. This is in contrast to most of the assertions on psychosomatic illness, which follow Freud in listing guilt, anxiety, and repression as the root causes of such disorders. But even while listing several such root causes, at least one, Weatherhead, writes:

The theory that the neuroses are mainly due to the feeling of deprivation of love, especially in early childhood, is one which has been advanced and taught for many years by Dr. J. A. Hadfield as Lecturer in Psychopathology and Mental Hygiene in London University.

It is a revolutionary theory, but my own observation and experience support it. It may seem a dangerous generalisation to attempt to trace the diverse psychoneurotic symptoms to one common cause, and no doubt there are some exceptions, but the evidence of the truth of Hadfield's basic principle is, in my view, convincing.¹

It is a revolutionary idea, but not impossible. One of the future challenges raised by this study is the relationship between such reactions as guilt and the need for

¹Leslie D. Weatherhead, Psychology, Religion and Healing (New York: Abingdon Press, 1951), 343.

affirmation of the self. It is my expectation that guilt will be found to be a symptom of the self's perception of inadequate affirmation. An example of the kind of analysis envisioned was given in considering the claim of some counselees that 'I am unworthy.' (see above, pp. 38f.)

The assertion that the self is intrinsically aware of its autonomous existence is also consistent with the fact that the self has no content. Guilt, anxiety, and the other emotional reactions all depend upon content, and awareness of these over the awareness of a deprivation of love is not unexpected since the guilt is much closer to consciousness than is the functioning of the self.

The second problematic is the assertion that the self is the single organizing and controlling center of the organism. It has been convincingly demonstrated that it is possible to exercise conscious control over usually involuntary functions of the body, and Booth cites the reaction to drugs while under hypnosis and anesthetics as two examples of altered physical functioning.² These examples seem to open up the possibility that the physical body is utilized by the self.

As to the probability, Weatherhead again may be cited:

²Gotthard Booth, "Conditions of Medical Responsibility," Review of Religion, XIII (March 1949), 244.

Here I wish to write down a sentence and mark it by special type:[Weatherhead uses italics.]

If emotion is neither expressed in its appropriate action nor even admitted to consciousness, it will have its revenge by setting up some form of mental or physical distress.³

This is quoted not so much for its content as for the anthropomorphic language applied to the emotions. Can an emotion 'have its revenge'? Can an emotion 'set up' anything? This is taking Weatherhead too literally, but it raises the question of the mediating system which does 'set up some form of mental or physical distress.' Despite the sense of inner conflict and tension, there must eventually be a single control of the organism. If that were not true then each conflicting element would act out its own particular thing and there would be no need for the conflict. Perhaps this insight is the most significant of this dissertation.

The third problematic is the transcendent power which transforms the self toward the Self. This can best be clarified by reference to mechanical systems which operate within a particular frame of reference. It stretches the imagination to picture oneself as the center of a reference system without any outside frame of reference. In such a system, the entire system moves as the center of reference moves, and hence the center cannot imagine itself

³Weatherhead, op. cit., 359.

moving independent from the system as a whole. If the center has a sense of awareness it cannot conceptualize any change in itself which would alter its relationship to other items in the system.

This is the situation in which the self exists. It exists autonomously, and hence cannot conceptualize any change which it does not control in its relationship to experience. When such a change does take place, and there is much testimony that it does happen, the self is forced to attribute the change to some power outside and independent of itself. Such a power is labeled 'transcendent,' and traditionally named God.

It is not necessary to posit that such changes must always take place suddenly. It frequently is a gradual process, and seems to be part of growth. When it occurs gradually it is called 'spiritual growth' and when it is a sharply defined happening it is called 'conversion.'

One remaining point needs to be emphasized to the maximum. There is no attempt to discredit the spectacular therapeutic advances of medical science. What is proposed here is a deepening and broadening of the practice of medicine itself, by challenging physicians to become sensitive to the wider implications of illness. The work of the doctor and clergyman are in no sense mutually exclusive.

Certainly there are ills which appear solely organic and the solitary domain of the physician, and others which are seemingly without physical and material

components and primarily in the realm of the clergyman. But between the two extremes is the vast range of human affliction composed of highly specific aliquots affecting body, mind, and spirit. Even to identify the degree to which each of these three elements participates in a given illness is difficult, and their separation one from the other is impossible. Human illness traced back to its source in the individual patient almost inevitably provides a meeting place for the physician and the clergyman and a bright and challenging opportunity for the best efforts of both, one in support of the other.⁴

This was written by a physician, and while we may not agree exactly on how body, mind, and spirit are inter-related, we are agreed on the complementary nature of our two ministries.

The great number of questions which have not been answered here must be obvious to every thoughtful reader. The largest single unattacked bloc of questions concerns the impact of these suggestions on Christian symbolism, worship, counseling, and all other aspects of ministry. Specifically, as a continuation of this study there is a need to develop ministry programs directed toward healing, including consideration of Christian sacraments, traditional healing services, and new forms.

The involvement of God in the healing process must be reestablished if we are to reverse the trend toward deterministic scientism in medicine. Such scientism is in

⁴Raymond D. Pruitt, "Preface," in Dale White (ed.) Dialogue in Medicine and Theology (Nashville: Abingdon Press, 1968), 12.

defiance of all Christian doctrine, and is destructive of human personality. Hopefully this effort has advanced the synthesis of medicine and theology.

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